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Health Information Technology Commission
Minutes

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Date: Thursday May16, 2013   **Location:** MDCH
          1:00pm – 4:00pm   1st floor Capital View Bldg
                                                 Conference Room B&C
                                                 201 Townsend Street
                                                 Lansing, Michigan 48913

Commissioners Present: **Commissoners Absent:**
Gregory Forzley M.D., Chair   Nick Lyon
Toshiki Masaki – Vice Chair, Phone   Orest Sowirka, D.O.
Irita Matthews
Mark Notman Ph.D.
Larry Wagenknecht R.Ph.   **Staff:**
Michael Chrissos M.D.-Phone   Meghan Vanderstelt
Thomas Lauzon   Kimberly Bachelder
Robert Milewski
Michael Gardner
Jim Lee
David Behen- Phone

Guests:

Peggy Losey	Doug Witten	Patty Houghton
Brian Seggie	Laura Rappleye	James Gartung
Thomas Mott	Tairus Taylor	Audrey Verevko
Lindsay Virost	Tina Scott	Dana Barreva
Cindy Swinhart	Tim Pletcher	Umbrin Ateequi
Terrisca Des Jardins	Rick Wilkoning	Jeff Livesay
Bruce Wiegand	Paul Groll	Charlie Wilshire
Charles Friedman	Cynthia Green Edwards	Angela Vanker
Philip Viges	Jeff Shaw	Jackie Rosenblatt
May Al Kahafaji	Andrea Walrath	Beth Heft
Erin Bruder	Suzina Orelli	
Kendra Dashner	Milan Talreja	

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday May 16, 2013 at the Michigan Department of Community Health with eleven Commissioners present.

A. Welcome & Introductions
  1. Gregory Forzley M.D., Chair called the meeting to order and welcomed the HITC members.

B. Review and Approval of April 18, 2013 meeting minutes
  1. Commissioner Forzley requested the minutes be corrected to state that Commissioner Michael Chrissos was in attendance during the April 2013 meeting.
  2. Minutes of the April 18, 2013 meeting were approved with the correction in place and will be posted to the HIT Commission (HITC) website following the meeting.

C. Dashboard-Meghan Vanderstelt, HIT Manager for MI
  1. The May 2013 Dashboard was reviewed and will be available on the HIT Commission website following the meeting.
      a. The MiHIN dashboard included an update on the Operations Advisory Committee (MOAC) Privacy and Security Workgroups that is drafting a Privacy and Consent Management whitepaper for the HITC to review in the near future. The MOAC Governance workgroup has drafted a Connectivity letter to MDCH regarding how providers should send the public health data required by meaningful use. The Connecting Michigan Conference will take place June 5-7th, 2013 at the Radisson Hotel in downtown Lansing. The Qtr. 2 HITC work plan was presented including potential topics such as, Unique Identity Management and Analyzing Workforce needs.
      b. Commissioner Forzley commented that patient awareness is an important topic that needs to be discussed. He asked for a general call for experts in this area to share knowledge at future meetings.

D. Follow Up from Cyber Security-Commissioner David Behen, CIO of MI
  1. Commissioner Behen introduced the work of the Cyber Security Task Force and recommended that the HITC discuss the findings more in depth at a full HITC meeting or create a workgroup to discuss further.
  2. Paul Groll of the State Cyber Security workgroup presented the review of the Cyber Security white paper recommendations.
      a. Areas that the workgroup did not or could not address included Ownership or who the "Direct Entity" should be, Roles and Responsibilities, Scope, funding, project plan and schedule.
      b. Liability Reduction/Due Diligence/Education-Recommends allowing MI health care organizations access to online training program. The workgroup also recommends the creation of a HIPAA compliance team, and to create a tool kit leveraging ONC materials on this subject.
      c. Privacy and Consent- Recommends the HITC establish a work group to monitor legislative and statewide activity for privacy and security related topics, specifically activity not covered by HIPAA.
      d. Security Standards and Auditing- Recommends adopting the policies developed by the MOAC Security and Privacy Workgroup, follow

NIST standards, and require level 3 Assurance per HIPAA and HITECH.

  e. Identity and Privacy Management Standards- Recommends the adoption of a standard set of requirements and the federated model for identity management.

  f. Risk Assessment and Planning- Recommends legislation for all hospital and health care providers to conduct a risk assessment every three years and for the MOAC Security and Privacy Workgroup to further analyze the new HIPAA Omnibus Rule of March 2013.

  g. Identity Trust and Cross-Enterprise Identity Operations- Recommends the designation of a Federation Manager and an Identity Trust Federation Working Group.

3. Commissioner Comment: Chair Commissioner Forzley suggested that Vice Chair Commissioner Toshiki and Vanderstelt meet to discuss polling the rest of the Commissioners on opinions regarding the recommendations thus far.

E. **Transcending HIE: Envisioning Michigan as a "Learning Health" State-Dr. Charles Friedman, University of Michigan School of Information**

1. Dr. Charles Friedman, former Deputy National Coordinator for the ONC, presented on the concept of a Learning Health System and why Michigan should look to transcend Health Information Exchange (HIE) to become a Learning Health State (LHS). The LHS as currently envisioned is an infrastructure beyond HIE, a federation-not a centralized database, must be grounded in public trust and patient engagement, have participatory governance, and have just enough standardization in order to support innovation around standards. Dr. Friedman explains that this is a useful way to reframe what we are trying to do in health care; the LHS is not intended to replace the concept of HIE, but instead can be built off of in order to address patient-focused care AND population health. Therefore, Dr. Friedman strongly urges the HITC and the State of Michigan to capitalize on current HIE investments and to go the last 90 feet by build an enduring infrastructure.

2. Commissioner Questions:

  a. Commissioner Mark Notman, Ph. D. wondered what the "sci-fi" alluded to earlier was. Dr. Friedman responded that there currently is no actual "National LHS," but "islands of learning" exist at organizations such as the Department of Veterans Affairs, Kaiser Permanente, and the Mayo Clinic.

  b. Commissioner Robert Milewski asked if there are any missing infrastructure pieces needed to make the leap to the LHS, and if so, how these would/should be funded. Dr. Friedman replied that the focus at this point is on establishing identity trust and touching on the sociology, psychology, and human structure of health care.

  c. Mr. Milewski followed up with whether any of these tasks had any major funding barriers. Dr. Friedman said no, but there are some non-trivial economic issues that will need to be resolved. In discussions

with economists at the high policy level, the set-up of a nationwide LHS will not be a "free lunch," but the advantages of a LHS will induce fair share investment.

    d. Commissioner Lee extended the baseball metaphor by asking if it makes sense to talk about hitting the home run of a LHS when we can't yet hit singles with basic HIE. How critical is HIE to the success of a LHS? Dr. Friedman answered that some use cases for the LHS will require HIE, but some LHS capabilities do not require HIE. In a LHS, entities that are able to perform certain tasks will do those tasks, and those that can't, won't.

    e. Dr. Friedman restated that some use cases for the LHS do not need HIE, and that the concept of a Learning Health System is "transcendent," not a "replacement" for HIE.

    f. Chair Dr. Forzley thanked Dr. Friedman for his presentation, noting that the HIT Commission would be discussing the LHS framework at a later time and may have Dr. Friedman back for those discussions.

F. M-CEITA, Andrea Walrath, Operations Manager

    1. Andrea Walrath presented to the Commission on the history and current status of the Michigan Regional Extension Center (REC), M-CEITA, as part of a larger series of reports on ARRA-funded Health IT initiatives in the State of Michigan. M-CEITA's ARRA-funded scope of work primarily revolves around five concepts which center on guiding eligible providers through EHR adoption: Engage, Select, Plan, Implement, and Meaningful Use. Next steps for M-CEITA post ARRA funding include: Stage 1, Year 2 MU, enhanced security risk analysis, Stage 2 MU, targeted process optimization, audit preparation, Medicaid-funded support for specialists, national advocacy for REC programs, and practice redesign for patient engagement.

    2. Commissioner Questions:

        a. Commissioner Lee asked if the patient engagement activities were general in nature or just Health IT-focused. Ms. Walrath answered that these would be more HIT-focused.

        b. Dr. Forzley noted that all opportunities to help providers avoid the payment adjustments should be explored, including the possibility that trying but failing to attest for MU would count toward avoiding payment adjustments in the Medicare EHR Incentive Program. Dr. Forzley also asked whether some of M-CEITA's other efforts might be duplicating the work of other entities. Ms. Walrath responded that it was the goal of M-CEITA to collaborate and not compete where unnecessary.

G. Southeast Michigan Beacon Community, Terrisca Des Jardins

1. Ms. Des Jardins presented to the Commission on the history and current status of the Southeast Michigan Beacon Community (SEMBC, commonly "Beacon") as part of a larger series of reports on ARRA-funded Health IT initiatives in the State of Michigan. Diabetes management serves as a use case for Beacon's HIT-enabled interventions. Processes, procedures, technologies, and methodologies are transferrable to other conditions and states of health. The SEMBC interventions include: Physician Data Reporting and performance feedback, Clinical Decision Support, Care Coordination-Ambulatory, Care Coordination-Hospital Emergency Departments, Patient Engagement, and Telehealth. The BeaconLink2Health is the Health Information Exchange for the Beacon community that engages many stakeholders, including ONC, MiHIN and HIT vendors. Current Approaches with BeaconLink2 Health include: Seamless EHR Integration with Automatic Triggers which includes the use of a Clinical Data Repository, Web Services Query ("Blue Button"), and Community Record View Query.

2. Commissioner Questions:

   a. Commissioner Thomas Lauzon asked if Beacon was working with health plans on care coordination. Ms. Des Jardins replied that Beacon was working with Blue Cross Blue Shield of Michigan and the State, but not yet with the various Medicaid Health Plans. She also noted that there are some duplicate weight-loss management programs, so Beacon Personal Health Navigators and MiPCT Care Coordinators affiliated with the other program divide labor, allowing for flexibility.

   b. Commissioner Wagenknecht inquired when the ONC funding for Beacon would end. Ms. Des Jardins answered that Michigan got a little bit later start on its program, so its ONC funding will run to the end of September 2013, with a three-month closeout period. Beacon is practicing good stewardship and stretching out the dollars while investigating Centers for Medicaid and Medicare Services (CMS) funding proposals.

   c. Dr. Forzley wondered whether the HIE and Disease Management activities of Beacon were separate or not. Ms. Des Jardins explained that there is lots of overlap between these activities, but the differences can be teased apart. The HIE in Link2Health is being set up for all patients and all payers, not just diabetic patients. Dr. Forzley followed up with a question about the amount of services provided versus costs. Ms. Des Jardins replied that provider participation costs are currently being offset by ONC funding.

    d. Mr. Wiegand mentioned that Beacon was working to build utility for its services and working on cost sharing with EHR vendors among other collaboration.

    e. Dr. Friedman asked how Beacon is aligning with Meaningful Use. Ms. Des Jardins responded that Beacon is assisting its affiliated providers with meeting Meaningful Use, using an MPRO contractor for Beacon and M-CEITA.

H. HITC Summer Schedule

    1. Commissioner Forzley asked if there would be too many Commission members unable to attend the June 20th, July 18th, or August 15th HIT Commission meetings. It was determined that a quorum would be present for all three dates, so all three will remain on the schedule.

    2. Chair Dr. Forzley noted that the summer would be an opportunity to discuss the weighty issues of Cyber Security and Patient Engagement, as well as to move more discussions to mid-year so the Commission is not scrambling to fit presentations and discussions in at the end of the calendar year.

    3. Commissioners Behen and Lyon would need to be available for discussing Cyber Security work.

I. Public Comment

    1. No public comment

J. Adjourn

    1. The meeting adjourned at 3:52 p.m.